



COUNTY OF SAN BERNARDINO
STANDARD PRACTICE

NO 5-1 11

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PAGE 1 of 2

BY Myron Hilliard

EFFECTIVE 7/98

APPROVED

DEPARTMENT

BEHAVIORAL HEALTH

SUBJECT

REQUEST FOR SHORT-DOYLE / MEDI-CAL
CERTIFICATION OF CONTRACT PROVIDERS

Rudy Lopez
Rudy Lopez, Director

I. PURPOSE

To establish a procedure for requesting Short-Doyle Medi-Cal Certification for a Contract Provider Site.

II. PROCEDURE

A. Requests for Certification from Contract Providers

1. The Department of Behavioral Health (DBH) Contract Administration Unit shall provide technical assistance to Contract Providers. Technical assistance may include, but is not limited to, helping the provider complete forms and other tasks related to the certification process.
2. The Contract Provider or responsible Program Manager must first contact the DBH Contract Administration Unit at (909) 387-7592 to request a State Department of Mental Health Provider number and provide the Contract Administration Unit with information for completion of the Provider File Update.
3. The following forms shall be completed or provided by the Contract Provider for forwarding to the DBH Authorization Review/Utilization Review Unit (AR/UR).
 - a. Short-Doyle/Medi-Cal Provider Certification Application. (Attachment 1)
 - b. Formal letter requesting Short-Doyle Medi-Cal Certification of a new site. The letter must include the intended start date of services and the complete site address.
 - c. Fire Inspection Notice

B. Handling of Request by Contract Administration Unit

1. The following forms shall be completed by the Contract Administration Unit for forwarding to AR/UR.
 - a. Provider File Update. (Attachment 2)
 - b. Medi-Cal Provider Certification Request. (Attachment 3)

C. Changes to Short-Doyle Medi-Cal Contract Providers

1. The Contract Provider shall notify their Program Manager of any changes in writing, and the program Manager will forward the notification to DBH Contract Administration Unit.
2. The Contract Administration Unit shall complete the following form:
 - a. "Medi-Cal Certification and Transmittal" (Attachment 4)

D. Contract Administration Unit shall send all documents referenced above to:

Department of Behavioral Health,
Authorization Review/Utilization Review Unit
700 E. Gilbert Street, Bldg. 6
San Bernardino, CA 92415-0920
(909) 387-7049

E. Contract Providers new to the County

1. The following form shall be completed by Contract Providers, for forwarding to the Auditor.
 - a. "W9" Request for Taxpayer Identification Number & Certification. (Attachment 5)
2. The following form shall be completed by Contract Administration Unit, for forwarding to the Auditor.
 - a. "Request for New Vendor Code" (Attachment 6)

Revised (3/98)

PROVIDER FILE UPDATE (PFU)

MH 3829 (1/00)

COUNTY SUBMITTING FORM _____

TYPE OF TRANSACTION (*Check one*).☐ Add☐ Change☐ Inactive

FISCAL YEARS:

Is this Provider a satellite clinic? (*Check one*)☐ Yes☐ No

COUNTY CODE:

LEGAL ENTITY NUMBER:

(If a Legal Entity number has not been assigned, complete a Legal Entity File Update form.)

PROVIDER NUMBER

(To be assigned by DMH only.)

PROVIDER NAME:

PROVIDER ADDRESS:

PROVIDER CITY:

ZIP CODE OF PROVIDER

-

(Last four digits optional.)

DATE PROVIDER
SERVICES Started

Ended

Y Y Y Y M M D D

Y Y Y Y M M D D

SHORT-DOYLE/MEDI-CAL PROVIDER (*Check one*)☐ Yes☐ No

PROVIDER TYPE:

CONTRACT TYPE

MODE OF
SERVICESERVICE FUNCTIONS

COUNTY

CONTACT PERSON.

PHONE:

DATE.

FOLLOWING SECTION IS FOR STATE DMH USE ONLY:SD/MC ModeStart DateEnd Date

Y Y Y Y M M D D

Y Y Y Y M M D D

☐ New Certification☐ Recertification

DEPARTMENT OF BEHAVIORAL HEALTH
MEDI-CAL PROVIDER CERTIFICATION REQUEST

From: Contracts Administration Unit

To: Kathy Thomas, RN
Authorization Review/Utilization Review

Name of Provider

Provider Number

Documentation

Date Received

☐

Short-Doyle/Medi-Cal Provider Certification Application

☐

Letter of request from contractor

☐

Provider File Update

☐

Fire Inspection Notice

(Required for New Certification and Change of Location Only)

Contracts Administration:

Signature

Phone

Date

MEDI-CAL CERTIFICATION AND TRANSMITTAL**Part A Provide the following information:**

COUNTY SUBMITTING FORM: _____ COUNTY CODE: _____

TYPE OF TRANSACTION (Check One): ☐ Activate ☐ Terminate ☐ Change ☐ Re-Cert
 If Change, indicate one or more type(s): ☐ Name ☐ Address ☐ Mode/SF ☐ Effective Date

PROVIDER NUMBER: _____

PROVIDER NAME: _____

PROVIDER ADDRESS: _____

PROVIDER CITY: _____ PROVIDER ZIP CODE: _____

MEDI-CAL ELIGIBILITY DATE. ACTIVATED _____ TERMINATED _____

RECERT DATE OR, IF CHANGE, EFFECTIVE DATE OF CHANGE: _____

SD/MC

MODE OF SERVICE**Indicate Services (CRDC Mode, Service Function)**☐ (07) General Hospital _____☐ (08) Psych Hosp Age < 21 _____☐ (09) Psych Hosp Age > 64 _____
☐ (05) Residential/PHF ☐ Crisis Residential (05, 40) ☐ Adult Residential (05, 65) ☐ PHF (05, 20)

Check only one Mode (either 12 or 18):

☐ (12) Hospital Outpatient ☐ (18) Non-Hospital Outpatient
Indicate Services (CRDC Mode, Service Function)

Check all that apply

☐ Crisis Stabilization (10, 20 & 25)☐ Day Treatment Intensive Half Day (10, 81) ☐ Day Treatment Intensive Full Day (10, 85)☐ Day Rehabilitation Half Day (10, 91) ☐ Day Rehabilitation Full Day (10, 95)☐ Case Management/Brokerage (15, 01) ☐ Mental Health Services (15, 10 & 30)☐ Medication Support (15, 60) ☐ Crisis Intervention (15, 70)

The above named provider is certified by this agency to participate in Short-Doyle/Medi-Cal programs. I attest that the above named provider site complies with requirements of the CCR, Title 9, Sections 1810.435-436, the terms of the contract between the MHP and the Department, and the MHP's Implementation Plan pursuant to CCR, Title 9, Section 1810 310

Fax: (____) _____

Print name of person completing form _____

Authorized Signature _____ Phone (____) _____ Date _____
 Check below to indicate person signing

☐ County Mental Health Director or Designee☐ Medi-Cal Oversight, South / North**To be submitted to Medi-Cal Oversight for signature below.****Part B: Medi-Cal Oversight Approval to Transmit Data to DHS**

_____ Medi-Cal Oversight, Southern/Northern Region Date _____

Form **W-9**
Rev. November 1999
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do NOT
send to the IRS.

Please print or type

Name (If a joint account or you changed your name, see Specific Instructions on page 2)

Business name, if different from above (See Specific Instructions on page 2)

Check appropriate box ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

| | | | | | | |

OR

Employer identification number

| | | | | | | |

List account number(s) here (optional)

Part II For Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign
Here

Signature ▶

Date ▶

Purpose of form. A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9, if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are an exempt payee

If you are a foreign person, IRS prefers you use a Form W-8 (certificate of foreign status). After December 31, 2000, foreign persons must use an appropriate Form W-8.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

- You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. You must enter your individual name as shown on your social security card. You may enter your business, trade, or "doing business as" name on the business name line.

Other entities. Enter your business name as shown on required Federal tax documents. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or "doing business as" name on the business name line.

Part I—Taxpayer Identification Number (TIN)

You must enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office. Get Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester. Other payments are subject to backup withholding.

Note: Writing "Applied For" means that you have already applied for a TIN OR that you intend to apply for one soon.

Part II—For Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester a completed Form W-8 (certification of foreign status).

Part III—Certification

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to

persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "doing business as" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

County of San Bernardino

F A S



REQUEST FOR NEW VENDOR CODE OR CHANGE OF INFORMATION

A COMPLETED W-9 FORM MUST BE ATTACHED TO ALL NEW VENDOR CODE REQUESTS

- ☐ New Vendor (Leave vendor code blank)
☐ Information Change (enter vendor code, vendor name, information that has changed and the reason for change)
☐ Additional Address Required

Remember to first check "VNAM & VEND" tables or listings for an existing code

Vendor Code _____

Business Name _____

Remit to Address _____

TO BE FILLED OUT BY REQUESTING DEPARTMENT FOR NEW VENDORS

Type of Organization:

- ☐ Sole Proprietor/Individual owner's name _____

Owner's SSN or Federal ID number _____

(NOTE If sole proprietor, owner's name is required or form will be returned)

- ☐ Partnership

- ☐ Corporation

- ☐ Non-Profit

- ☐ Other _____

Federal ID# _____

Providing:

- ☐ Services

- ☐ Medical/Health Care

- ☐ Attorney

- ☐ Rent

- ☐ Materials/Supplies

- ☐ Other _____

Vendor Contact _____

Phone _____

Employee ☐ Yes ☐ NoReason for Change _____

ACR Use Only

1099: ☐ Yes ☐ No

SOBJ _____

Initiating Department _____

Mail Code _____

Contact _____

Phone No _____

Date ____/____/____

Send completed form to the Auditor/Controller - Accounts Payable.

Accounts Payable Processor _____

Phone No _____

Date ____/____/____